



Dr Stephen Y Oh

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EUS referral form

Please fax any recent investigations including CT, ultrasound, MRI, colonoscopy, gastroscopy, bloods or histopathology with this request form. Please advise your patients to bring films on the day of the procedure.

Nepean Public Hospital

Sydney Adventist Hospital

Norwest Private Hospital

Lakeview Private Hospital

Referring Doctor Details

Name	Dr	Provider Number	
Date of request		Signature	

Patient Details

Name	Mr / Mrs / Ms / Miss / Dr		
Date of birth		Phone number	
Address			
Medicare number		Reference	Expiry date
Private health fund		Membership number	
Diabetic? No / Yes			
Taking blood thinning medication? No / Yes - Please specify:			
Indications (please tick boxes as appropriate):		Clinical notes:	
<input type="checkbox"/> Subepithelial lesion <input type="checkbox"/> Pancreatic cyst/mass <input type="checkbox"/> Chronic pancreatitis <input type="checkbox"/> Recurrent pancreatitis <input type="checkbox"/> Suspected biliary obstruction <input type="checkbox"/> Coeliac plexus block/neurolysis <input type="checkbox"/> Mediastinal lesion <input type="checkbox"/> Pseudocyst drainage <input type="checkbox"/> Other:			

This form can be downloaded at <http://drstephenoh.com/services/endoscopic-ultrasound/>